SCHOLARSHIP/FINANCIAL AID APPLICATION

Conference (Circle ONE):

IGNITE **JYA** **YA** **Jr. GUNA** **YIG Expo**

Name _____

Home Address _____

Home Phone (_____)_____ Grade: 6 7 8 9 10 11 12

School_____ **School Phone** (_____) _____

School Address_____

Number Street City Zip

Who do you live with (parent, grandparent, guardian, etc.)? _____

How many children under the age of 18 live in your household? _____

List ages: _____

Do you (student) work? Yes_____ No_____ **If so, how many hours per week**? _____

Do you (student) drive a car to school or work? Yes_____ No_____

Are you (student) responsible for the gas, maintenance, and/or insurance? Yes_____ No_____

Which ones? _____

Do you (student) have a cell phone? Yes_____ No_____

Are you (student) responsible for the payments? Yes_____ No_____

Does your family currently receive financial assistance (free lunch, disability, etc.)? Yes_____ No_____

If yes, of what type? _____

If there is any other information you feel we should know in considering your application, please attach a letter explaining your circumstances.

ANNUAL HOUSEHOLD INCOME: _____ **Note incorrect or false income reporting may void award or nullify request. *This part is required. If left blank, a scholarship award cannot be completed.*

Information About Your Parents or Guardians:

Relationship _____

Name _____

Address (if different from above)_____

_____

Employer _____

Occupation _____

Relationship _____

Name_____

Address (if different from above)_____

_____

Employer _____

Occupation _____

To be filled out by the Delegation Advisor (or guardians if Advisor has limited knowledge).

Briefly explain why the student is in financial need of this scholarship (family situation, school lunch program, medical costs, etc.). Please note if this is left blank this form will not be considered.

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Advisor (Coach) name _____ **Cell phone**_____

*In support of the GCCE's mission, "*The Georgia Center for Civic Engagement provides programs for our youth which promote self-esteem, leadership skills, and a sense of moral and civic responsibility."*, the undersigned agree that to the best of our knowledge, the information provided on this form is accurate.*

Student's Signature _____

Parent/Guardian's Signature _____

Coach/Advisor's Signature _____

Mail or fax to: Georgia Center for Civic Engagement, P.O. Box 3789, Cartersville, GA 30120. Fax # 770-455-0101

Or Scan/Email to: registration@georgiacivics.org

**Applications for student financial assistance apply to schools not receiving additional grants & community based support.*